

2020 City-Parish Monthly Insurance Rates

COVERAGE	MEDICAL			DENTAL		VISION
	HMO	POS*	HDHP*	SILVER	PLATINUM	
EMPLOYEE ONLY:						
YOU PAY	\$149.96	\$191.02	\$65.98	\$6.50	\$13.52	\$5.10
CITY-PARISH PAYS	\$512.40	\$512.40	\$512.40	\$7.04	\$14.62	
MONTHLY RATE	\$662.36	\$703.42	\$578.38	\$13.54	\$28.14	
EMPLOYEE + SPOUSE:						
YOU PAY	\$446.85	\$568.78	\$270.48	\$12.98	\$27.02	\$9.68
CITY-PARISH PAYS	\$925.62	\$925.62	\$925.62	\$14.06	\$29.26	
MONTHLY RATE	\$1,372.48	\$1,494.40	\$1,196.10	\$27.04	\$56.28	
EMPLOYEE + CHILD(REN):						
YOU PAY	\$392.92	\$500.20	\$233.36	\$14.16	\$32.32	\$10.16
CITY-PARISH PAYS	\$850.58	\$850.58	\$850.58	\$15.34	\$35.04	
MONTHLY RATE	\$1,243.50	\$1,350.78	\$1,083.94	\$29.50	\$67.36	
EMPLOYEE + FAMILY:						
YOU PAY	\$608.78	\$775.08	\$382.08	\$22.06	\$49.32	\$15.62
CITY-PARISH PAYS	\$1,151.02	\$1,151.02	\$1,151.02	\$23.90	\$53.44	
MONTHLY RATE	\$1,759.80	\$1,926.10	\$1,533.10	\$45.96	\$102.76	

*C-P PORTION SAME AS HMO